

PEDORTHIC PRESCRIPTION FORM

Patient Name: _____ Date: _____

Address/Phone: _____

DX:

- ___ Achilles contracture 727.81
- ___ Achilles tendinitis/bursitis 726.71 **
- ___ Ankle fusion 755.69
- ___ Apophysitis 732.5
- ___ Arthritis (Osteo) 719.67
- ___ Arthritis (Rheum) 714.0 **
- ___ Arthropathy- foot & ankle Unspecified 716.97 **
- ___ Bunion 727.1 **
- ___ Calcaneal/Heel spur 726.73
- ___ Cavovarus foot deformity (acq) 736.75
- ___ Cavus foot deformity (acq.) 736.73
- ___ Charcot Arthropathy 713.5
- ___ Charcot-Marie-Tooth: 356.1
- ___ Claw toe 735.5
- ___ CVA-other late effects: 438.9
- ___ Diabetes 250. _____ (must include 2 digits) **
- ___ DJD 715.0, 715. _____
- ___ Drop Foot-other: 736.79
- ___ Equinus foot 736.72
- ___ Hallux Rigidus 735.2
- ___ Hallux Valgus (acq.) symptomatic 735.0
- ___ Hammer toe 735.4
- ___ Leg Length Discrepancy acq. 736.81
- ___ Metatarsalgia 726.70
- ___ Neuroma 355.6 **
- ___ Peripheral vascular disease unspecified 443.9
- ___ Peroneal Tendonitis 726.79 **
- ___ Pes planus (acq.) 734.
- ___ Pes planus (cong.) 754.61
- ___ Plantar fasciitis 728.71 **
- ___ Sesmoiditis 733.99
- ___ Stress fracture unspec. 733.10
- ___ Synovitis tenosynovitis 727.9 **
- ___ Tarsal tunnel 355.5 **
- ___ Tibialis Tendonitis (posterior or anterior) 726.72 **
- ___ Tenosynovitis foot & ankle 726.06 **
- ___ Unspecified deformity of the ankle/foot, acq.: 736.70
- ___ Other: _____

RX:

- Foot orthotic:** (BCBS FEP requires ICD-9 with ** at left)
- ___ Dress Orthotic: Flats or Heels (Cobra) (L3020)
 - ___ Casual/everyday (Semi-Rigid) (L3000)
 - ___ Sport (all Semi-Rigid except Soccer/Cycling) (L3000)
 - General sport
 - Runners
 - Basketball
 - Soccer/cycling (rigid, low profile)
 - ___ Highly Inverted _____° (for PTTD/ pronation)
 - ___ Hallux Rigidus Type (carbon fiber hallux support)
 - ___ Accommodative: Diabetic RA (L3020)
 - ___ Toe Filler with arch support (L5000) (choose level)
 - ___ V49.73 Partial foot, ___V49.71 Hallux, ___V49.72 Lesser toe(s)

Shoes:

- ___ Shoes w/ depth/stability (Casual/ Dress/ Sandal)
- ___ Athletic Shoes
- ___ Diabetic Shoes. Incl. OTS inlays (3 2 1 pairs)
- ___ Custom Molded. Incl. orthoses (3 2 1 pairs)

Notes: _____

Modifications:

- ___ Stabilizer (Lateral/ Medial) Lt. Rt.
- ___ Rocker Soles: Lt. Rt. Shank? (Y / N)
(balance/elevate other side if needed after rocker)
- ___ Elevation of _____ in. Lt. Rt.

AFO:

- ___ Arizona AFO (for PTTD, DJD, etc.)
- ___ Other AFO (Shorty, Solid, DU, PTB)

Other:

- ___ Compression Hose 8-15 mmhg 15-20 mmhg
 20-30 mmhg 30-40 mmhg
- ___ Plantar Fasciitis Night Slipper/Splint

INSTRUCTIONS: _____

PRESCRIBING PHYSICIAN INFORMATION:

Physician Name

Physician Signature

Date

Physician Address

NPI

Call Physician Before F.O. Fabrication

Physician Phone # _____ INS §18.32 rev. 9-09 © 2009 Richey Inc.

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